RECEIVATED FSCENATE CENTIFER

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FEC FORM 1	STATEME! ORGANIZ					Office Use Only			
1. NAME OF COMMITTEE (in	n full)	(Check is chan	if name		imple:If typing, type r the lines.	12FE4	M5		
A.T.L.A.S. E	NERG	Y, INC	Po	Lili	T. 1 . C.A.LA.C.	T.1.0.N	CO_M;M: 1;	TiTi£i	E J
ADDRESS (number a	nd street)	1.845, WALNUT, STREET, 110TH, FLOOR							
(Check if address is changed)		P.H.I.L.A	DELP	H. 1.2	<u> </u>	PA	[1,4,1,0,3]		
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2. DATE 1 2 2 1 2 0 0 9 3. FEC IDENTIFICATION NUMBER C 4. IS THIS STATEMENT NEW (N) OR AMENDED (A)							2009 DEC 23	CONTROL CONTRO	
i certify that I have o	examined this	Statement and	i to the best	of my	knowledge and belief it	is true, corr	ect and complete.	i D	MICSUR SIGSUR TECTIO
Signature of Treasure	or	James	, Lou	may sul	oject the person signing to	Date Ju	Ž Ž Ž	ω 200	'q' <u> </u>
		l '		-	OULD BE REPORTED W		-		
Office Use Only					For turther information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FC (Revised 0		